PTOEBB80 Q4-A50
Approved for user through 11:002005. OABB 8051-0035
U.S. Patient and Trademark Citins; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of bin-marifical mutes it depays a valid UMS control number.

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application identified in the attached statement under

hereby appoint:  K Practitioners associated with the Customer Number:			26111		
- · · ·	med below (if more than ten patent	practitioners are	to be named, then a	customer numbe	r must be used):
	Name	Registration Number		Name	Registration Number
attorney(s) or agent(s	s) to represent the undersigned bef	ore the United St	ates Patent and Tra-	demark Office (US	PTO) in connection with
and all patent applications of the control of the c	ations assigned only to the undersing accordance with 37 CFR 3.73(b).	gned according	to the USPTO assign	ment records or a	ssignment documents
ase change the corre	espondence address for the applica	tion identified in	the attached stateme	ent under 37 CFR	3.73(b) to:
X The address a	ssociated with Customer Number:		26111		
OR Firm or	T				
Individual Name	i e				
ddress		State		176	
ddress		State		ZI	P
ddress ity ountry		Stațe	l Email	Zij	P -
ddress Lity Country Celephone		State	Email	ZI	p
city country releptione signee Name and Adansmeta Corpor 40 Freedom Cir	ation cle	State	Emali	ZI	P
clivy clephone signee Name and Add ansmeta Corpor 40 Freedom Cir nta Clara, Califo copy of this form, ad in each applica of practitioners app	ation cle	der 37 CFR 3. d. The statem	73(b) (Form PTO) tent under 37 CFI oner is authorize	SB/96 or equiva R 3.73(b) may b	ilent) is required to be e completed by one of
obusty  Signee Name and Adainsmeta Corpor  40 Freedom Cir  that Clara, Calife  copy of this form,  a practitioners applica  b must identify th	ation cle ornia 95054 together with a statement un tion in which this form is use cointed in this form if the app e application in which this Po	der 37 CFR 3. d. The staten ointed practit wer of Atom	73(b) (Form PTO) tent under 37 CFI oner is authorize y is to be filed, use of Record	SB/96 or equive R 3.73(b) may b d to act on beh	nient) is required to be e completed by one of alf of the assignee,
obusty  Signee Name and Adainsmeta Corpor  40 Freedom Cir  that Clara, Calife  copy of this form,  a practitioners applica  b must identify th	ation cle prnia 95054 together with a statement un tion in which this form is use pointed in this form if the app e application in which this Po- SIGNA	der 37 CFR 3. d. The staten ointed practit wer of Atom	73(b) (Form PTO) tent under 37 CFI oner is authorize y is to be filed, use of Record	SB/96 or equive R 3.73(b) may be all to act on beh ot on behalf of the	nient) is required to be e completed by one of alf of the assignee,

This collection of information is required by 37 CPT 31.1, 22 and 13.3. The Hormation is required to obtain or retain a benefit by the public which is to file (and the second of the se